



NJ DEP Radioactive Materials -
 Agreement State Program
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Radioactive Materials Generally Licensed Device Registration Form #664

Pursuant to the Radiation Protection Act (N.J.S.A. 26:2D) and the Radiation Code (N.J.A.C. 7:28, et seq.), as amended, and in reliance on statements and representations heretofore made by the registrant, the listed registers generally licensed devices with the Department. This registration is subject to all applicable rules, regulations, and orders of the New Jersey Department of Environmental Protection, now or hereafter in effect, and to any conditions specified below.

DOCUMENT INFORMATION

Program Interest (PI) ID:
Registration Number:
Fiscal Year: FY26: July 1, 2025 to June 30, 2026

ADMINISTRATIVE INFORMATION

<p>Licensee Name and Administrative Address</p> <p><u>Corrections to mailing address:</u></p>	<p>Responsible Person: Phone Numbers: _____ Email Addresses: _____</p> <p>Alternate Responsible Person: Phone Numbers: _____ Email Addresses: _____</p> <p><u>Corrections to responsible person:</u></p>
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SECTION A – Authorized Location

Site ID	Site Name	Street Address	Municipality

Corrections to the physical location where devices are used or stored:

SECTION B – Inventory of Devices

ID	Status Date	Device Manufacturer	Model Number	Serial Number	Isotope	Activity	Units

SECTION C – Disposal of a Device

If you no longer possess one of the above devices, complete the table below, using the six digit “ID” code and shipping information. If a device’s whereabouts is unknown, or never possessed, please indicate so to the right of the ID number.

ID	Date transferred	Recipient	Address	Recipient license#

SECTION D – Additional Devices

If you possess devices that are registerable please provide information for each below (use additional paper if needed)

	Device #1	Device #2	Device #3
Distributor			
Distributor License #:			
Manufacturer Name:			
Device Model #:			
Device Serial #			
Transfer Date:			
Isotope			
Activity number			
Unit (e.g. mCi)			
Isotope			
Activity number			
Unit (e.g. mCi)			

SECTION E – Certification

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment. The certification shall be signed by the highest ranking corporate, partnership or governmental officer or official at the facility or the individual for which or for whom the specific state registration is requested. I also certify that a physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling. I am aware of the requirements of the general license, provided in N.J.A.C. 7:28-52 and 10 CFR 31.5.

Name of Certifying Officer:	
Title of Certifying Officer:	
Signature of Certifying Officer:	
Date of Signature:	